14021142020

FEC FORM :

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For An Authorized Committee			Office Use Only	
NAME OF COMMITTEE (in ful	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	valor v
Dr. Monica Wehb	y for U.S. Senate		 	<u> </u>
ADDRESS (number and s	treet) PO Box 3375			
Check if differe than previously reported. (ACC	Port land		OR 19720	28
2. FEC IDENTIFICAT	ION NUMBER ▼	CITY▲	STATE ▲	ZIP CODE ▲
C00550996	3.	IS THIS NEW REPORT (N) OR	AMENDED (A)	STATE DISTRICT
July 15 Qua October 15 January 31	(b)	Primary (12P) Convention (12C) Election on 11 04 30-Day POST-Election Report for the General (30G)	X General (12G) Special (12S)	in the State of OR Special (30S)
5. Covering Period 10 10 10 10 10 10 10 10 10 1				
NOTE: Submission of false	, erroneous, or incomplete infor	mation may subject the person signing	this Report to the penal	ties of 2 U.S.C. §437g.
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